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5 *Attorneys for Plaintiff Carlos Hernandez*

6 **IN THE UNITED STATES DISTRICT COURT**

7 **FOR THE DISTRICT OF ARIZONA**

8 IN RE BARD IVC FILTERS
PRODUCTS LIABILITY LITIGATION

No. MD-15-02641-PHX-DGC

9 THIS DOCUMENT RELATES TO:

SUGGESTION OF DEATH

10 CARLOS HERNANDEZ
11 Civil Action No.: 2-18-CV-602-DGC

12 Plaintiff, by and through undersigned counsel and pursuant to Rule 25(a)(2) of the
13 Federal Rules of Civil Procedure, hereby informs this Honorable Court of the death of Plaintiff
14 Carlos Hernandez, which occurred on June 30, 2018. A copy of the death certificate is attached
15 as Exhibit A.

16 RESPECTFULLY SUBMITTED this 23rd day of May, 2019.
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SHAW COWART, LLP

By: /s/ Ethan L. Shaw
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Attorney for Plaintiff Carlos Hernandez

Certificate of Service

I hereby certify that on this 23rd day of May, 2019, I electronically transmitted the foregoing Suggestion of Death to the Clerk's Office using the CM/ECF System for filing and transmittal of a Notice of Electronic Filing to the attorneys who are registered with the Court's electronic filing system.

/s/ Ethan L. Shaw

STATE OF TEXAS

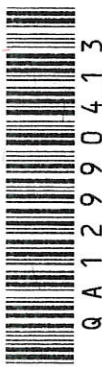
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS JUL 10 2018				STATE FILE NUMBER 142-18-103749	
STATE OF TEXAS				CERTIFICATE OF DEATH	
1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last)		(Maiden)		2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy)	
CARLOS HERNANDEZ				JUNE 30, 2018	
3. SEX	4. DATE OF BIRTH (mm-dd-yyyy)	5. AGE-Last Birthday (Years)	IF UNDER 1 YR Mo Days	IF UNDER 1 DAY Hours Min	6. BIRTHPLACE (City & State or Foreign Country)
MALE	DECEMBER 6, 1971	46			WEEHAWKEN, NJ
7. SOCIAL SECURITY NUMBER		8. MARITAL STATUS AT TIME OF DEATH		9. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)	
152-74-2445		<input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Married <input type="checkbox"/> Unknown		JENNIFER LAUREN MAURIELLO	
10a. RESIDENCE STREET ADDRESS				10b. APT. NO.	10c. CITY OR TOWN
1707 WHITE MOUNTAIN WAY					PRINCETON
10d. COUNTY		10e. STATE		10f. ZIP CODE	10g. INSIDE CITY LIMITS?
COLLIN		TEXAS		75407	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11. FATHER'S NAME PRIOR TO FIRST MARRIAGE			12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE		
JESUS HERNANDEZ			MARIA PILA		
13. PLACE OF DEATH (CHECK ONLY ONE)					
IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)					
14. COUNTY OF DEATH		15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.)		16. FACILITY NAME (If not institution, give street address)	
COLLIN		PRINCETON, 75407		1707 WHITE MOUNTAIN WAY	
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED			18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)		
JENNIFER LAUREN HERNANDEZ - WIFE			1707 WHITE MOUNTAIN WAY, PRINCETON, TX 75407		
19. METHOD OF DISPOSITION			20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH		21. <input type="checkbox"/> Unknown
<input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify)			CRYSTAL ANN BOVAIRD, BY ELECTRONIC SIGNATURE - 12421		Section 93 Block Lot Space 770
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)			23. LOCATION (City/Town, and State)		
DALLAS FORT WORTH NATIONAL CEMETERY			DALLAS, TX		
24. NAME OF FUNERAL FACILITY			25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)		
ARIA CREMATION SERVICE AND FUNERAL HOME-PLANO			19310 PRESTON ROAD, DALLAS, TX 75252		
26. CERTIFIER (Check only one)					
<input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Justice of the Peace - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.					
27. SIGNATURE OF CERTIFIER			28. DATE CERTIFIED (mm-dd-yyyy)	29. LICENSE NUMBER	30. TIME OF DEATH (Actual or presumed)
ASIM USMAN, BY ELECTRONIC SIGNATURE			JULY 5, 2018	L2720	20:19
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)			32. TITLE OF CERTIFIER		
ASIM USMAN 2824 TERRELL ROAD, #500, GREENVILLE, TX 75402			MD		
33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.					Approximate interval Onset to death
CAUSE OF DEATH	IMMEDIATE CAUSE (Final disease or condition resulting in death)				UNKNOWN
	a. NONALCOHOLIC STEATOHEPATITIS				UNKNOWN
	Due to (or as a consequence of):				UNKNOWN
	b. LIVER CIRRHOSIS				UNKNOWN
CAUSE OF DEATH	Due to (or as a consequence of):				UNKNOWN
	c. PULMONARY HYPERTENSION				UNKNOWN
	Due to (or as a consequence of):				
	d.				
PART 2. ENTER OTHER CAUSE GIVEN IN PART 1.			34. WAS AN AUTOPSY PERFORMED?		
SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
HYPERTENSION			35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?		<input type="checkbox"/> Yes <input type="checkbox"/> No
36. MANNER OF DEATH		37. DID TOBACCO USE CONTRIBUTE TO DEATH?	38. IF FEMALE:		39. IF TRANSPORTATION INJURY, SPECIFY:
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year		<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)
40a. DATE OF INJURY (mm-dd-yyyy)	40b. TIME OF INJURY	40c. INJURY AT WORK?	40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)		
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
40e. LOCATION (Street and Number, City, State, Zip Code)			40f. COUNTY OF INJURY		
41. DESCRIBE HOW INJURY OCCURRED					
42a. REGISTRAR FILE NO.	42b. DATE RECEIVED BY LOCAL REGISTRAR	42c. REGISTRAR			
07-2609	JULY 10, 2018	REGISTRAR - COLLIN COUNTY, ELECTRONICALLY FILED			
EDR NUMBER 00000236975					

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to \$10,000. Health and Safety Code, Sec. 195.1989



VS-112 REV 1/2006

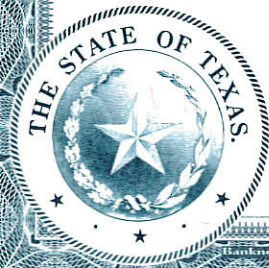
This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED JUL 12 2018

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

TARA DAS
STATE REGISTRAR

JLF



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE